

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012075

STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 75

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Nevada 10830	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 218 W. Garfield		d. STREET ADDRESS (If outside, give location) 218 W. Garfield	
3. NAME OF DECEASED (Type or print) First Curran Middle Lockwood Last Lockwood		4. DATE OF DEATH Month March Day 15 Year 1959	
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 4, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce dealer		11. BIRTHPLACE (City and state or country) Illinois	
13a. FATHER'S NAME Unknown		14. NAME OF HUSBAND OR WIFE Ann Lockwood, Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 342-01-7903	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Prostate		INTERVAL BETWEEN ONSET AND DEATH One year.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>		DUE TO (c) <input checked="" type="checkbox"/> 177X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None known.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 177X	
20c. TIME OF INJURY Hour 11 Month, Day, Year 1958 p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nevada		20f. CITY, TOWN, OR LOCATION COUNTY Vernon STATE Mo.	
21. I attended the deceased from July 1958 to Mar 15/1959 and last saw him alive on Mar 14 - 1959 . Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W.S. Love (Degree or title) 22b. ADDRESS Nevada, Mo. 22c. DATE SIGNED 3-18-59	
23a. BURIAL, CREMATION, REMOVAL Burial		23b. DATE March 17, 1959	
23c. NAME OF CEMETERY OR CREMATORY Moore Cemetery		23d. LOCATION (City, town, or county) (State) Nevada Missouri	
24. FUNERAL DIRECTOR Ferry Funeral Home ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 3-26-1959 26. REGISTRAR'S SIGNATURE Alma E. Perry	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed *J. Angles Jr.*

Licensed Embalmer No. *4960*

P. O. Address *Hamden, Conn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.